

DECLARATION

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **STEM CELL SCREENING AND TRANSPLANTATION THERAPY FOR HIV INFECTION** the specification of which X is attached hereto or was filed on as Application No. and was amended on (if applicable).

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Full Name of Inventor 1:	Last Name: CHOW	First Name: ROBERT	Middle Name or Initial: Y.-K.	
Residence & Citizenship:	City: Arcadia	State/Foreign Country: California	Country of Citizenship: United States	
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Full Name of Inventor 2:	Last Name: RODGERSON	First Name: DENIS	Middle Name or Initial: O.	
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Full Name of Inventor 3:	Last Name: PUNZALAN	First Name: RUBIO	Middle Name or Initial: R.	
Residence & Citizenship:	City: Torrance	State/Foreign Country: California	Country of Citizenship: United States	
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Full Name of Inventor 4:	Last Name: PETZ	First Name: LAWRENCE	Middle Name or Initial: D.	
Residence & Citizenship:	City: Tarzana	State/Foreign Country: California	Country of Citizenship: United States	
Post Office Address:	Post Office Address: 19633 Anadale Drive	City: Tarzana	State/Country: California	Postal Code:

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

<p>Signature of Inventor 1</p> <p><u>Chow, Yung-Kang</u></p> <p>Robert Y.-K. Chow</p> <p>Date <u>11/28/2001</u></p>	<p>Signature of Inventor 2</p> <p><u>Denis O. Rodgers</u></p> <p>Denis O. Rodgers</p> <p>Date <u>11/28/01</u></p>	<p>Signature of Inventor 3</p> <p><u>Rubio R. Punzalan</u></p> <p>Rubio R. Punzalan</p> <p>Date <u>11/28/01</u></p>
<p>Signature of Inventor 4</p> <p><u>Lawrence D. Petz, M.D.</u></p> <p>Lawrence D. Petz</p> <p>Date <u>Nov. 28, 2001</u></p>		

WC 9032084 v1

TOGETHER

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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	
	Filing Date	
	First Named Inventor	Robert Chow et al.
	Title	STEM CELL SCREENING AND TRANSPLANTATION THERAPY FOR HIV INFECTION
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	020035-001100US

I hereby appoint:

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20350

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☐ Practitioner(s) named below:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Robert Y.-K. Chow

Signature

Chow Yung-Kang

Date

November 28, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. WC 9032088 v1

Attorney Docket No. 020035-001100US

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Robert Chow et al.

Application No./Patent No.: Unassigned

Filed/Issue Date: _____

Entitled: STEM CELL SCREENING AND TRANSPLANTATION THERAPY FOR HIV INFECTION

StemCyte, Inc., a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of an undivided part interest

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

11/28/2001

Date

Chow Yung-Kay

Signature

Robert Y.-K. Chow

Typed or printed name

Chairman

Title

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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